

Pat nt Applicati n Data Sheet

Application Information

Application Type:: Regular

Subject Matter:: Utility

Suggested

Classification::

Suggested Group Art

Unit::

CD-ROM or CD-R?::

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable

Form (CRF)?::

Number of copies of CRF::

Title:: IMPROVED APPARATUS AND METHOD FOR
PERFORMING IMPEDANCE MEASUREMENTS

Attorney Docket Number:: 13180-29

Request for Early

Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure:: 1

Total Drawing Sheets:: 9

Small Entity?:: Yes

Latin Name::

Variety denomination

name::

Petition included?:: No

Petition Type::

Licensed US Govt.

Agency::

Contract or Grant

Numbers::

Secrecy Order in

Parent Appl.?:: No

Applicant Information

Inventor Authority Type:: Inventor

Primary Citizenship

Country:: Canada

Status:: Full Capacity

Given Name:: Kenneth

Middle Name:: Carless

Family Name:: Smith

Name Suffix::

City of Residence:: Toronto

State or Prov. Of

Residence:: Ontario

Country of Residence:: Canada

Street of mailing address:: 1733 Queen Street East, Suite 306

City of mailing address:: Toronto

State or Province of

mailing address:: Ontario
Country of mailing address:: Canada
Postal or Zip Code of
mailing address:: M4L 6S9

Inventor Authority Type:: Inventor

Primary Citizenship
Country:: Canada
Status:: Full Capacity

Given Name:: Frank
Middle Name::
Family Name:: Zhang
Name Suffix::
City of Residence:: Scarborough
State or Prov. Of
Residence:: Ontario
Country of Residence:: Canada
Street of mailing address:: 83 Mondeo Drive, Unit 212
City of mailing address:: Scarborough
State or Province of
mailing address:: Ontario
Country of mailing address:: Canada
Postal or Zip Code of
mailing address:: M1P 5B6

Inventor Authority Type:: Inventor

Primary Citizenship

Country:: Canada
Status:: Full Capacity

Given Name:: Joel
Middle Name:: Steven
Family Name:: Ironstone
Name Suffix::
City of Residence:: Toronto
State or Prov. Of
Residence:: Ontario
Country of Residence:: Canada
Street of mailing address:: 207-39 Jarvis Street
City of mailing address:: Toronto
State or Province of
mailing address:: Ontario
Country of mailing address:: Canada
Postal or Zip Code of
mailing address:: M5E 1Z5

Correspondence Information

Correspondence Customer
Number:: 001059
Phone Number:: (416)364-7311; (416)957-1697
Fax Number:: (416) 361-1398
E-Mail Address:: sbeney@bereskinparr.com

R p r s ntativ Inf rmati n

Repres ntativ	001059
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Customer Number::	
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional of	60/429,316	11/27/02

Foreign Priority Applications

Country::	Application Number::	Filing Date::	Priority Claimed

Assignee Information

Assignee name::

Street of mailing address::

City of mailing address::

State or Province of
mailing address::

Country of mailing address::

Postal or Zip Code of
mailing address::